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17. ABSTRACT (MAX. 250 WORDS)

Goals were developed to be carried out over a 5-year period. First, children would be evaluated in the spring, prior to school entry in the fall, and a prediction of their ability to cope with school would be made. The staff would make appropriate interventions designed to help the child cope with predicted stresses and increase adaptive skills. By continual study of the child during the early school years, effectiveness would be evaluated.

The goals were designed to use mental health resources at needed times, to develop means of identification of emotional problems, to identify variables related to ability to adapt to stress, and to identify the significant variables on which highly skilled mental health professionals make judgments.

Three demonstration and three nondemonstration schools involving 515 children were selected. Intervention focused on school entry and the needs of children. Interventions for specific children began as teams were required to list at least three resources for or strengths within the child or family which were already promoting school readiness. The check-up process stimulated new community and school resources for children entering school. A continuing consultation program for parents and teachers was instituted.

Conclusions included evidence that parents and schools were receptive to this form of program, that professional mental health teams could provide meaningful data in a brief space of time, and that the "crisis model" of therapy was effective.

A bibliography was included.

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File: Pre-School

"Crisis Intervention in Pre-School and Early School Years: The Sumter Child Study Project"*

Authors: M. R. Newton, Racine Brown, Jim Crumley

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The South Carolina Department of Mental Health is charged with care and treatment of the mentally ill and with executing demonstration and research programs on the cause, pathology, and prevention of mental illness. The department is receptive to new programs emphasizing early treatment, alternatives to hospitalization, and the rehabilitation and promotion of related mental health activities in other agencies.

One recent trend has been to extend and explore those community services and programs which advance the aims of "preventive psychiatry" and the "public health approach to mental health." These programs are aimed at developing strengths for coping with normal life crises and special stress situations, and recommending health and social action to minimize mental health hazards (1).

Following these concepts a proposal was developed concerned with one particular "normal life and special stress situation" -- school entry. The attempt would be to identify variables of this "life crisis" and to determine empirically those interventions which facilitate adjustment to the transition from home to school. Interest in school entry as a potential stressful experience for children follows the work of Lindemann, Caplan, and Associates, etc. (1-6), and their "crisis model" of mental health disorder. According to their model, all individuals face stress at certain times in their life cycle. Some are able to handle this easily, others with difficulty. In still others, the effort is too great and the ensuing crisis may lead to madadaptive behavior or eventually emotional breakdown. Each stress for which the individual develops successful coping mechanisms, strengthens him to meet future stress. Conversely, stress unsuccessfully handled may weaken the individual and increase his susceptibility to emotional breakdown.

Initiation of Project:

Sumter County presented an appropriate site to explore some of the aims of preventive psychiatry. This county was representative of the state and its mental health needs, possessed capable community leadership, and was of desirable size and variation.

* Prepared for the 42nd Annual American Orthopsychiatric Association Meeting, March 1965. Sumter Child Study Project, Drawer 1180, Sumter, South Carolina

U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
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A study of Sumter County revealed a high degree of readiness on the part of community leadership, especially in the schools. The county has a population of 75,000 with a mixed economy of agriculture, manufacturing, and a military air base. The county has had a long history of keen and active interest in the field of mental health. For a number of years the county has had one of the strongest mental health associations in the state, sponsoring many educational programs. A resident of Sumter was a long term member of the board of directors of the National Association of Mental Health, and is a current member of the State Department of Mental Health Board of Commissioners. In 1955 Dr. William Hollister, then Psychiatrist-Director of Region IV, PHS, conducted a workshop for teachers in Sumter County that has had unusual influence through the years.

It was in Sumter County, that the State Department of Mental Health initiated a pilot program in 1960. A mental health consultant with a title of "Community Psychologist" was placed in the principal city of Sumter to initiate new mental health resources. This particular project emphasized a preventive approach to early intervention in developmental disorders, strengthening of adjustment skills, and attention to ameliorative work in family, school, and other social institutions affecting the child. The program was discontinued three years later with the development of a two-county mental health center in the city, creation of a school psychologist position, and other resources.

Sumter County is divided into two school districts, the city of Sumter district (#17) and a rural, consolidated school district (#2), with a total elementary school population of 6,300. There are no public kindergartens in the state. The school administration expressed considerable interest and was closely involved in initial planning, offering not only office space, but full administrative support and use of facilities. The initial proposal was modified by meetings with the school board, principals, teachers, and parent groups. Reactions were sought from persons in the community, recognized for their leadership and interest, in order to obtain favorable or possibly unfavorable opinions. Statistical processing was made available from the Department of Mental Health and the University of South Carolina.

Sumter Child Study Project

The Sumter Child Study Project got under way in February 1963 and has completed the second of a planned five years. The Project is financed by a demonstration grant from the National Institute of Mental Health.

The remainder of this report will be an attempt to describe briefly the operation of the Project and a few tentative conclusions. A detailed plan of specific variables, hypotheses, data collection, etc. is available but will not be covered in this report.

In the final form of the project plan, three basic aims were established to demonstrate and investigate the effectiveness of the model of crisis intervention in pre-school and early school years. These aims were to be carried out over a five-year period:

(1) to evaluate children in the spring, prior to school entry in the fall, and predict their ability to successfully cope with school entry and future school stress in the early school years. Although the Check-up cannot be adequately described here, its aims were to be brief, utilize techniques teachers might be able to use, and to record as much as possible about the total process. The evaluation consisted of two 45 minute periods. The first was devoted to a structured observation and testing of the child by a psychologist while the parents were simultaneously interviewed by a psychiatric social worker. The second period was reserved for team members to individually summarize impressions, and then together develop a final team summary. Teams later discussed each child's record with a consultant group made up of a regular Project staff member, a local pediatrician, and a child psychiatrist.

(2) for staff to make appropriate interventions designed to help the child cope with predicted stresses and increase adaptive skills. An intervention was defined as an activity intended to develop an environment favoring the acquisition and reinforcement of skills required in coping with the stress of school entry and early school years.

Interventions were determined for each individual child on the basis of findings

in the pre-school evaluation and subsequent data collected from the school life of the child. Early involvement with school and community leadership made it possible to develop interventions and data collection methods which promised useful data, yet, did not violate the basic values and mores of the community.

(3) to evaluate the effectiveness of these interventions by continual study of the child during the early school years. This study will continue to collect data from the school and home on the child's development and school progress subsequent to pre-school evaluation.

The significance of these aims appears to focus on:

(1) effective deployment of available mental health resources at times of greatest need and potential for future individual health.

(2) development of effective instruments to identify potential emotional problems and their solutions during the developmental process (12,13).

(3) identification of variables related to ability to adapt to stress and finding appropriate interventions to decrease stress and increase coping skills. Such findings would have important implications for clarifying and modifying crisis intervention theory as well as for programing related to mental health (1-6).

(4) identification of the significant variables on which highly skilled mental health professionals make judgments of individual stress and adaptability.
If this is possible, these findings may be of great value in training kindergarten and school teachers in early identification of and appropriate intervention with emotional problems in children (6,7).

Operational Structure:

It was possible to select three Demonstration schools as representative of the community, which were roughly matched with three Non-demonstration or Control schools, in size, student background, resources, etc. Intervention activities are offered only in the three Demonstratio schools. The 515 children who entered the 18 first grade classrooms in these six Project

chools will be followed for four years; the second year's entering first graders will be ollowed for three years, etc. It is anticipated that the fifth year will be reserved for ollow-up and review.

Some typical school information is being collected from all elementary schools education and economic background, sibling order, mobility of family, etc.). Much more nformation is being accumulated from children in the six Project schools to test out the ffectiveness of interventions; using for example, such variables as achievement, adjustment, bsences, etc. The Project has found it quite possible to obtain meaningful data from olunteers and information the school system collects as a regular part of school procedure.

Location of Project personnel in the school district administration building has been nvaluable for effective use of school facilities. This close contact has greatly facilitated ıe maintenance of accommodation, which is so essential in working with school and community ystems.

The staff currently includes, on the state level, a Principal Investigator (psychologist) ıd consultants in psychiatry and social work who engage in some intervention activities. ontinuing consultation from NIMH has been especially helpful. Local full-time staff includes Director (psychologist), also currently serving as chief interventionist, two research ssistants (one a qualified teacher), a secretary, and part-time staff when needed. (We are urrently looking for an "interventionist" with a school social work background.) Volunteer elp has been of some value, especially college students. Regular school personnel has of ourse been invaluable for Project success. Teams for the PSC have been available from the tate Department's Community Mental Health Centers and their participation has been seen as a aluable training opportunity. Data processing has been obtained on contract.

nterventions:

The intervention process began with the orientation of school staff and community groups the aims and operations of the Project. Focus on school entry and the needs of children as caused a new look to be taken at the current status of community resources for children.

Interventions for specific children by the Project staff began in the Pre-school
ıeck-up. Psychologists found it possible during the evaluation to clarify some perceptions
child may have of his school entry. Social workers found parents responsive to immediate
larification of some concerns held about their child's development. Follow-up reports from
arents strongly emphasized the confidence they gained from team emphasis on readiness,
ormality, resources, etc.

Teams were required to list at least three resources or strengths within the child or
amily which were already promoting school readiness; for example, the observation of at least
verage intellectual potential, family problem-solving skills, etc. Teams were also required
› list at least three suggestions for increasing school readiness; for example, the need for
›re parental separation experiences, limited counseling or follow-up studies. Behavior
ıdged suggestive of physical problems was referred for evaluation to family physicians or
›cal county health department. All parents were scheduled a follow-up interview for a
.scussion of findings after the Check-up evaluation, with less than 2% cancellations. At
ıe end of this interview, the social worker recorded for the parent those resources and
›adiness suggestions which appeared most meaningful to the parent.

The Check-up process stimulated new community and school resources for children
ıtering school. For example, to meet the needs of children seen by teams as weak in social
‹periences and skills, the city recreation department developed a new summer program for
ıildren entering school. Children with possible speech defects were diagnosed for the first
.me prior to school entry by a traveling state speech and hearing team; this team developed
personal program to guide parental effort over the summer months and has produced some
:rikingly successful results. A group of children, identified as immature, weak in adaptive
:ills, or in some way "alien" to the "culture" of the school, were enrolled for six weeks in
ı unusually successful pre-school summer experience, in the school they would attend that
ıll.

A continuing consultation program for parents and teachers has been most effective.
ıe consultative process observed in this program offers rich material for still another
›per. It may be of interest however to note that a team of a Project "Interventionist"

(consultant) and a qualified teacher visits each Demonstration school one day a week to meet with principal, teachers, or parents. The team teacher not only frees the classroom teacher for consultation time, but offers the class some special enrichment activities. Seeing parents at school, sometimes with a teacher or principal, has not only provided effective interventions, but has been a useful mechanism for increasing teacher skills. We suspect therapy in a school can be more pragmatic and solution-oriented by allowing for immediate follow-up to detect change. A list of intervention activities is available.

Conclusions:

(1) A school is a dynamic system with its own modes and agents for maintaining equilibrium both internally and externally. Therapeutic action which fails to take into account the operations of this system, creates stress which stimulates avoidance or even antagonism.

a. The principal is the recognized agent for maintaining this system. Understanding his needs and problems is essential. Maintenance of his position, promotes maintenance of other positions.

b. Each school has a culture of its own. It is necessary to understand and work within this culture, if effective therapeutic interventions are to be practical. For example, it is vital that principal and teacher modes of dealing with stress or problems be accepted as a point for beginning action. Therapeutic interventions must be designed to supplement and extend school efforts, not to supplant or evaluate them.

(2) Present evidence indicates that parents and school are unusually receptive to the form of therapeutic intervention outlined in this report.

a. Approximately 70% of the children available at spring pre-registration applied for the limited appointments available. It was possible to see 165 the first year and 152 the second year.

b. Less than 2% cancellations of appointments or "no shows."

c. increasing demand for services has occurred. For example, in the second year of the Check-up, principals had a waiting list of volunteers, even before appointments were available, and a waiting list for possible cancellations. In the first year of the Project, interventions for Pre-school Check-up children in the first grade averaged 5.5 per child, and 8.1 per child in the second year.

(3) Professional mental health teams can provide in a brief space of time meaningful data on the strengths and needs of a child.

a. There is ample evidence in the operation of this Project that psychiatric teams can furnish meaningful data to greatly facilitate an on-going consultation program with parents and school.

b. Initial contact with parents can build positive relationships with them for future use when the need arises. However, the first agent to evaluate the child, whether the first grade teacher or psychiatric team, inevitably must be prepared to deal with some parental anxiety, especially if all is not well.

c. It is too early to offer more than preliminary evidence of a team's ability to predict future school maladjustment. In the Check-up, a team had to present a summary prediction rating for each child on a 4 point scale: (1) exceptional, (2) typical, (3) weak, (4) trouble. A comparison of 1's and 2's (typical or better) versus 3's and 4's (potential maladjustment) reveals the following:

(1) Children seen as "typical or better", in the first grade, completed twice as many of the reading requirements as 3's and 4's: only 2.9% failed to complete readiness or pre-primers, while 28% of the 3's and 4's failed to get into primer books.

(2) Children seen as "typical or better" had significantly less absences.

(3) 33% of the children viewed as 3's and 4's failed to be promoted, while 94% of the typical or better children were promoted on to 2nd grade.

(4) Some evidence is emerging on the question of how teams make judgments of children with potential maladjustment. For example, a comparison was made of children

selected as "typical or better" in adjustment vs. potentially maladjusted children. Reporting only significant differences, potentially maladjusted children:

a. expressed more negative feelings about school, either directly, or indirectly through projective material. These children had more unrealistic concepts about school.

b. exhibited unusual features in initiative: inappropriate, excessive, ineffectual.

c. tended to be over-responsive or under-responsive to adults' wishes; over or under conformity noted.

d. were much lower in independent behavior.

e. wished to be younger than own age or "adult". Children seen as typical or better in adjustment wished to be their own age or slightly older. Incidentally a significant characteristic of potentially maladjusted children has been a child's repeated expression of discontent over his self-image, his age, his looks, his sex, etc.

f. were low in curiosity behavior.

g. in terms of global ratings, rated consistently lower in functional use of body, social development, emotional development, and family resources.

h. intelligence was not seen as a factor, with one exception: children seen as possible mental defective (IQ's estimated to be 75 or below).

(5) The "crisis model" of therapy is an effective concept in making appropriate and effective interventions with children.

In general, we have found the crisis model to be quite effective, although at this point, evidence is largely of the individual case variety. It is becoming clear that while some problems are quite responsive to this approach, others need routing to resources offering more intensive or long range attention. However, we have found it important to identify the Project as independent of treatment centers. Referrals are not made to the local Mental Health Center, but information on its use may be given to parents if brief counseling does not prove effective.

Of special significance for effective short term therapy has been the use of those factors Lindemann, Caplan and Associates have found common in life stress periods, for example:

a. the need to develop new role behavior: for example, the skill a child may have which allows him to be an adjusted member of the family, may be inadequate for being an effective member of the classroom.

b. some loss and some gain in significant relationships: for example, inability to sustain loss of mother, inadequate skills for forming a new relationship with teacher, etc.

c. stress reactions are temporary and can be modified: for example, symptomatic behavior, such as regression or tearful distress, is responsive to time and various interventions aimed to develop new skill behavior or a positive relationship with teacher. We have found parents and teachers unusually responsive to this conceptualization as a way of understanding symptomatic behavior and its prevention or amelioration.

(6) There are many difficulties with the definition of maladjustment in children. Some emerging data is available for a comparison of perception of maladjustment by teachers and by mental health professionals. Teacher perception of adjustment was measured with the Bower Pupil Behavior Rating Scale, which is administered twice a year to age groups being followed in all Project schools. For the purposes of a comparison, maladjustment was defined as those children with scores of one standard deviation above the mean of all Project first grade children. These children were then compared with those children teams rated as potentially maladjusted.

Reporting only significant differences, both teachers and teams tended to see as maladjusted: at least twice as many boys as girls, those without kindergarten experience, and those whose ages differed significantly from the average- either the youngest or the oldest of the group. Parents' occupations tended to be in the "blue-collar" group, although teams saw children of military fathers as more

maladjusted as a group, while teachers did not. Whether or not mother was present in the home, working or not working, was not significant.

Teachers differed from teams by selecting as maladjusted: those from a nuclear family pattern differing from the norm (e.g. stepmother, widow, etc.); those who were "only "children" or the youngest of three or more siblings; those whose mother was foreign-born; and children from families which had moved significantly more times during the life of the child.

Children that teams perceived as potentially maladjusted differed from teachers' perceptions in the following ways: more parents were born out of state; father in military occupation; father had less education- especially less than a high school completion; had more sisters; and curiously had at least one brother in the same school. Teams saw even more boys than girls having difficulty. Of no significance was whether the nuclear family pattern differed from the norm, sibling ratio, only child, mobility of family, or membership in sex.

This and other evidence suggests the hypothesis that a teacher's tolerance for a child being "different," has much to do with her perception of a child's maladjustment. There is a strong tendency for teachers to tend to see children as maladjusted who have had experiences or who have characteristics which make them different from the norm or "typical". Both teachers and psychiatric teams tended to see children as well adjusted who exhibit behavior and values characteristic of family patterns typical of the teachers' or teams' social class. A further bit of information, teachers tend to see children who exhibit both self-reliant as well as conforming behavior, as the most adjusted in their classroom.

Summation:

This report has only briefly sketched the development of a project exploring some of the aims of preventive psychiatry. Two years of a planned five years have been completed. Data collection will continue for two more years in Demonstration and Control schools. The coding

of information for data processing has been designed to permit maximum study of total groups as well as of sub-groups including: volunteers and non-volunteers in the Pre-school Check-up, late enrollees, repeaters, etc.

Individual case records present ample evidence of the value of short range therapeutic interventions carried out in Demonstration schools during the normal life crisis of school entry. In time, we may even discover something about what it takes to produce healthy, happy children.

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